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CONFIRMATION NO. 9467

Bib Data Sheet

SERIAL NUMBER 10/743,773	FILING DATE 12/24/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. MR929-946
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

WW 2/21/06

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

WW 2/21/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 04/07/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>	Met after Allowance			
Verified and Acknowledged		Initials	DRAWING 5	CLAIMS 18	CLAIMS 1

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## TITLE

Syringe safety sleeve

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
RECEIVED 385		